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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/826007
Filing Date	04/16/2004
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	CIT1.PAU.46

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☒ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☐ the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

[Page 1 of 2]

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B. ☐ Inventor or
Assignee name _____



Address _____

City _____	State _____	Zip _____	Country _____
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Telephone _____	Email _____
-----------------	-------------

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /jca/

Name Joseph C. Andras

Registration No. 33469

Address 19900 MacArthur Blvd., Suite 1150

City <u>Irvine</u>	State <u>CA</u>	Zip <u>92612</u>	Country <u>USA</u>
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Date <u>8/26/08</u>	Telephone No. <u>949-223-9610</u>
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NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

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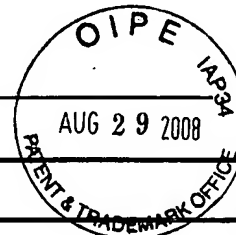
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OR

B. ☐ Inventor or
Assignee name



Address

City

State

Zip

Country

Telephone

Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /David L. Henty/

Name David L. Henty

Registration No. 31323

Address 19900 MacArthur Blvd., Suite 1150

City Irvine

State CA

Zip 92612

Country USA

Date

8/26/08

Telephone No. 949-223-9610

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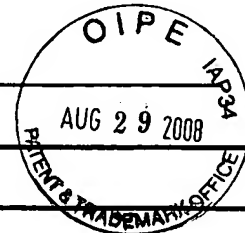
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OR

B. ☐ Inventor or
Assignee name



Address

City

State

Zip

Country

Telephone

Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /rlm/

Name

Richard Myers

Registration No. 26490

Address 19900 MacArthur Blvd., Suite 1150

City Irvine

State CA

Zip 92612

Country USA

Date

8/26/08

Telephone No. 949-223-9610

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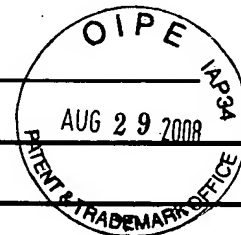
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Assignee name



Address

City

State

Zip

Country

Telephone

Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /kls/

Name Kenneth Sherman

Registration No. 33783

Address 19900 MacArthur Blvd., Suite 1150

City Irvine

State CA

Zip 92612

Country USA

Date

8/26/08

Telephone No. 949-223-9610

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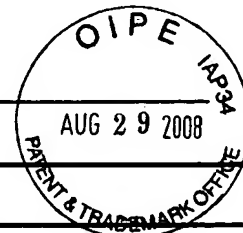
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Assignee name



Address

City

State

Zip

Country

Telephone

Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /MZ/

Name Michael Zarrabian

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Address 19900 MacArthur Blvd., Suite 1150

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State CA

Zip 92612

Country USA

Date

8/26/08

Telephone No. 949-223-9610

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